

**PERIODIC FILING FOR ORGANIZATIONAL CLEARANCE CERTIFICATE —
WELFARE OR VETERANS' ORGANIZATION EXEMPTION**

This form must be completed and filed with the Assessment Policy and Standards Division, Board of Equalization, P.O. Box 942879, Sacramento, California 94279-0064 by February 15, 20____. Carefully read the information on reverse before completing.

Corporate Name and Mailing Address:

Organization Type and Filing Period:

BOE OCC No.:

Type:

Corporate I.D. No.:

Year last periodic claim form filed:

1. Organizational Documents**(a) Corporations**

Have the organization's articles of incorporation been amended since the last filing? ☐ Yes ☐ No If **yes**, please submit a copy of the amendment certified by the Secretary of State.

(a-1) Is the nonprofit corporation a managing general partner of a limited partnership? ☐ Yes ☐ No If **yes**, please submit claim form BOE-277-L1, *Claim for Supplemental Clearance Certificate for Managing General Partner*, for each property location for which you hold a supplemental clearance certificate and you seek exemption from the assessor.

(b) Non-corporations

Have the organization's constitution, trust instrument or other document evidencing the nature of the organization, been amended since the last filing? ☐ Yes ☐ No If **yes**, please submit a copy of the amendment.

2. Tax Exemption Status**(a) Welfare Exempt Organizations**

Is the organization exempt from state franchise or income tax under the provisions of section 23701d of the Revenue and Taxation Code or exempt from federal income tax under the provisions of section 501(c)(3) of the Internal Revenue Code? ☐ Yes ☐ No

Is the organization a volunteer fire department or public facility financing corporation that is exempt under section 23701f of the Revenue and Taxation Code or section 501(c)(4) of the Internal Revenue Code? ☐ Yes ☐ No

(b) Veterans' Organization Exemption

Is the organization exempt from state franchise or income tax under sections 23701f or 23701w of the Revenue and Taxation Code or exempt from federal income tax under sections 501(c)(4) or 501(c)(19) of the Internal Revenue Code? ☐ Yes ☐ No

3. Activities

State fully all activities in which the organization is engaged:

4. Indebtedness

Has the organization any outstanding bonds, debentures, promissory notes, or other evidence of indebtedness issued for its overall operation? ☐ Yes ☐ No If **yes**, provide specific details as to type and terms of such indebtedness and to whom owing.

5. Salaries

Is the rate of pay to any individual in excess of \$1,500 weekly or \$78,000 annually? ☐ Yes ☐ No If **yes**, list each of the top five positions with their rate of pay:

6. Financial Statements of the Organization

Attach to this claim a copy of your operating statement (income, expenses) and balance sheet (assets, liabilities) for the immediately preceding calendar or fiscal year.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that all the information submitted with this claim, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT



DATE

PRINTED NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION

TITLE

TELEPHONE NO. AND/OR E-MAIL ADDRESS

WEBSITE ADDRESS

INSTRUCTIONS FOR PERIODIC FILING FOR ORGANIZATIONAL CLEARANCE CERTIFICATE — WELFARE OR VETERANS' ORGANIZATION EXEMPTION

FILING OF CLAIM

A claim for the *Organizational Clearance Certificate* will be mailed to organizations on a periodic basis to verify and update information. The claim form must be completed, signed and filed with the Board, with supporting documents, to maintain eligibility for the certificate. An officer or duly authorized representative of the organization must sign the claim. A copy of the claim should be retained by the organization. All questions must be answered, leave no blanks; use "no," "none," or "not applicable" where needed. If you do not answer all questions, it may result in revocation of the *Organizational Clearance Certificate*. The claim must be sent to the Assessment Policy and Standards Division's Exemption Section at the address listed on the front of this claim form. If you have any questions, you may contact the Exemption Section at 916-445-3524.

The Constitution and statutes of the State of California require that the organization meet certain requirements. You are required to provide details and activities of the organization since the last filing of the periodic claim form in responding to the questions set forth on the claim. Please review the front of this claim form for the last year a claim was filed.

Question 1: An organization must attach a certified copy of any amendments to the Articles of Incorporation or comparable instrument for unincorporated organizations since January 1 of the year in which the last periodic claim was filed (see front sheet of claim form for year last filed).

If the corporation is the managing general partner of a Limited Partnership and the answer is yes, please submit a copy of the certified Secretary of State form LP-2.

Question 2: The organization submitted a tax exemption letter to the Board with the initial claim. If the tax exemption letter has subsequently been suspended or revoked, attach a copy of the letter stating that fact and reinstatement letter, if any.

Question 3: State briefly all of the organization's activities since January 1 of the year in which the last periodic claim was filed (see front sheet of claim form for the year last filed).

Question 4: If the answer is yes, list the type of obligations (such as bonds, notes, etc.), the amounts of the obligations, the payment terms, and names of creditors. Use a separate schedule if necessary.

Question 5: Give the title of the position (do not list names of position holders) and weekly or annual salary, commissions, or percentage payments.

6. Financial Statements. In submitting the financial statements (balance sheet and operating statement) of the organization, the complete financial transactions of the organization should be included. If the nature of any item of income or disbursement is not clear from the account name, further explanation indicating the nature of the account should be appended. Your claim will not be processed until the financial statements are received. If you do not submit financial statements, it may result in suspension or revocation of the *Organizational Clearance Certificate*.